

County of Los Angeles – Department of Mental Health



COMPUTER TRAINING APPLICATION FORM

Please Print or Type

Training Title		
Training ID (found on upper right corner of bulletin page)		Date (s)
County Employee Number		
Name		Indicate if CalWORKs Provider <input type="checkbox"/> Yes <input type="checkbox"/> No
Program, Service or Agency		
Job Title		
Work Address		
City		Zip Code
Work Telephone	Fax	Email
<div>Supervisor's Approval (applications will not be processed if supervisor signature is not present on this form)</div> <div><u>Supervisor's Signature</u></div> <div><u>Print Supervisor Name</u></div>		
<div>Return Application to (When faxing, there is no need to use a cover sheet)</div> <div>Software Training Center Phone: (562) 403-1640 Fax: (562) 809-6522</div>		